

socks. And they can't leave their homes without a male relative, even to go to the market to buy food for their starving children. Worse when women disobey these outrageous edicts they are often brutally and publicly beaten, flogged, stoned or even murdered.

But we do a disservice to the public and to ourselves if we view the treatment of women in Afghanistan as strictly a women's rights issue or a human rights issue. Women's participation in Afghan society is essential to its economic health. When the Taliban forbade women from working outside the home, Afghanistan lost 74% of its schoolteachers, 60% of its university professors, the vast majority of its nurses, 40% of its doctors, half of its university students, and 30% of its government workers. So, it is no surprise that the Afghan economy collapsed as soon as the Taliban took control. As in every country in the world, Afghanistan's very stability depends on the labor and skills of women.

The Afghan culture fomented terrorism because Afghanistan has no economic power—its people are poor and desperate and angry. And tragically, some are channeling that anger at the West. Killing Bin Laden and his Al Qaeda associates may stem the next round of terror, but it will not result in a sustainable peace. Peace is only possible in Afghanistan if its economy, infrastructure and government recover and become strong enough to provide for its people. And women are not peripheral to that recovery effort—they are central.

The Taliban understood that in order to impose a totalitarian regime on Afghanistan, they first had to remove the women. It is imperative that we understand that in order to eliminate that totalitarian regime, we have to restore to women their rightful, and indispensable role in society.

I urge my colleagues to join me in categorically condemning the Taliban's treatment of women, and affirming the importance of women to the reconstruction of Afghanistan by passing H. Res. 281.

**AIDS FOUNDATION OF CHICAGO  
FIVE-YEAR HIV/AIDS HOUSING  
PLAN**

**HON. JANICE D. SCHAKOWSKY**

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

*Friday, November 16, 2001*

Ms. SCHAKOWSKY. Mr. Speaker, while affordable housing is a national problem, it is particularly serious for persons who also face significant health care problems. I would like to draw my colleagues' attention to an important new study and set of recommendations on this issue prepared by the AIDS Foundation of Chicago.

Recognizing the importance of stable housing to the health and well being of people living with HIV/AIDS, the AIDS Foundation of Chicago (AFC) has published the Five-Year Chicago Area HIV/AIDS Housing Plan. The plan is the result of an intensive year-long community planning process that drew on input from more than 50 agencies, 100 AIDS housing professionals, and 500 consumers of AIDS housing services. AIDS Housing of

Washington also served as a consultant to the project.

The plan describes HIV/AIDS housing services and unmet needs across the nine-county Chicago metropolitan area. The plan examines how housing services are distributed to people living with HIV/AIDS who are facing crises or instability in their housing. Finally, the plan offers policy and programmatic recommendations for eliminating the AIDS housing crisis in metropolitan Chicago. The AIDS Foundation of Chicago, together with its many partners in this project, has designed the plan so that it can be used by housing providers as they budget and plan for the future and by philanthropists and government officials working to allocate resources to support stable health and housing. Finally, the plan will be a critical tool in educating a wider audience about the importance of housing to HIV health care and about the crisis in affordable housing that is affecting the Chicago region as a whole.

The Five-Year Chicago Area HIV/AIDS Housing Plan is an updated version of a similar five-year plan that was first published in 1995. That plan, like this year's plan, was the result of an AFC-led collaborative effort by key stakeholders in the Chicago metropolitan area. Many of the strategies mapped out in the original plan were adopted across the region and have led to greater efficiencies in the development and distribution of AIDS housing services, improving housing opportunities for significant numbers of people living with HIV/AIDS.

Unfortunately, despite expanded and improved housing services for people living with HIV/AIDS in the Chicago metropolitan area, the major finding of the new plan is that the need for housing assistance among people with HIV/AIDS continues to outpace available resources. In fact, more than 5,000 individuals with HIV/AIDS in the Chicago metropolitan area are left without access to needed AIDS housing services each year—a factor which contributes to the high rate of homelessness experienced by people living with HIV/AIDS.

As the HIV/AIDS epidemic continues to grow in the United States and affordable housing becomes more and more scarce, Chicago's plan should be used as a model for metropolitan regions facing overlapping crises in HIV/AIDS and housing. Such plans not only map out the particular challenges facing communities struggling with overlapping HIV/AIDS and affordable housing crises, the very processes used to develop such plans help pave the way for the collaborative efforts that are required for implementing the best practices recommended by the plans.

I want to congratulate the AIDS Foundation of Chicago for its leadership in preparing the five-year plan and for its continued commitment to addressing the needs of people living with HIV/AIDS. Established in 1985 to provide central leadership in the fight against the epidemic, the AIDS Foundation of Chicago is an invaluable resource to our community and to the nation. It promotes sound HIV/AIDS public policy, funds HIV/AIDS prevention and care projects, and, through its 135-member Service Providers Council, helps to coordinate the delivery of essential HIV/AIDS services. As an advocate and by empowering individuals living with HIV/AIDS to participate in public policy

debates, it provides an important voice that we should listen to carefully.

**FIVE-YEAR CHICAGO AREA HIV/AIDS HOUSING  
PLAN—NOVEMBER 2001**

Recognizing the importance of housing stability for the health and well being of people with HIV/AIDS, the AIDS Foundation of Chicago (AFC) has published the Five-Year Chicago Area HIV/AIDS Housing Plan. The plan, which is the result of an intensive and year-long community planning process, describes HIV/AIDS housing services and unmet needs across the nine-county Chicago metropolitan area. In addition, the plan examines the distribution of services responding to the housing needs of people with HIV/AIDS, and offers a series of recommendations aimed at eliminating the AIDS housing crisis in metropolitan Chicago, through targeted service expansion and policy reforms.

The plan's Ad-Hoc Steering Committee and the Housing Committee of AFC's Service Providers Council were instrumental in the creation of the plan, providing critical information, direction, and oversight to the community planning process. For the plan's data analysis and recommendations, AFC drew on input from more than 50 agencies, 100 AIDS housing professionals, and 500 consumers of AIDS housing services. AFC commissioned AIDS Housing of Washington, a national AIDS housing consulting agency, to serve as a consultant to the process.

In 1995, AFC conducted the region's first AIDS housing planning process and published the Chicago EMA Five-Year HIV/AIDS Housing Plan. Recommendations from the 1995 plan led to greater efficiencies in the distribution and development of AIDS housing services, which ultimately resulted in greater numbers of people being served. The 2001 plan updates the housing inventory and needs assessment from the previous plan, measures the progress made in AIDS housing services since 1995, and presents emerging trends in the provision of HIV/AIDS housing services.

Among the most important findings described in the 2001 plan is the growing, unmet need for housing assistance among people with HIV/AIDS in metropolitan Chicago. The report shows that, despite steady gains in the availability of AIDS housing services, the need for assistance continues to outpace available resources, leaving more than 5,000 individuals with HIV/AIDS homeless or at risk of homelessness each year. Lack of safe and affordable housing has dire consequences for people with HIV/AIDS, whose survival can depend, quite literally, on having a stable place to live. Stable housing promotes adherence to complex HIV medication regimens that often have special dietary requirements and can induce debilitating side effects. People who are homeless or at risk of homelessness are more likely to fall out of regular medical care and experience greater difficulties adhering to their medication regimens. For those disabled by AIDS, the hardships of living on the streets or in substandard housing puts tremendous strain on already severely compromised immune systems.

**FACTORS CONTRIBUTING TO THE AIDS HOUSING  
CRISIS**

The Five-Year Chicago Area HIV/AIDS Housing Plan documents several factors contributing to the AIDS housing crisis in metropolitan Chicago:

More people are living with HIV/AIDS than ever before. A steady number of people become newly infected with HIV each year, and the number of AIDS-related deaths has declined as a result of more effective medications. This much applauded trend means

that greater numbers of people are in need of housing and other support services, for longer periods of time.

Housing instability is directly related to a person's struggle to maintain a living wage. For many individuals, HIV/AIDS affects their ability to work and keep steady income. For others, poverty and other health problems force them into homelessness or put them dangerously at risk of evictions or foreclosures. Among people with HIV/AIDS surveyed for the plan, more than half reported incomes below the federal poverty level and over one-third reported being homeless at some point in their lives. Participants of AFC's survey and other local surveys report insufficient income as a leading contributor to housing instability.

The region's affordable housing crisis contributes to housing instability among people with HIV/AIDS. Studies show that there are 245,000 low-income renters and 115,000 low-cost rental units in the Chicago area, leaving two low-income renters for every unit of affordable housing. Rents in the Chicago area are rising faster than the national average, and demolitions and redevelopment projects are depleting the region's stock of affordable housing, including thousands of government-subsidized housing units.

Government funding for AIDS housing assistance and services has not kept pace with community needs. Unless extended, state and federal subsidized housing programs expiring in the next five years will leave thousands of previously affordable apartments subject to market-rate rents. In addition, decreased federal funding for subsidized housing vouchers, more commonly known as Section 8, has so severely restricted the program that prospective aid recipients are turned away or told to wait several years in order to enroll.

#### LESSONS FOR PLANNERS AND PROVIDERS OF AIDS HOUSING SERVICES

The plan draws on input from people with HIV/AIDS, AIDS advocates, and service providers to assess the effectiveness of the AIDS housing service system in metropolitan Chicago. The following are recommended strategies for improvements:

Expand AIDS housing and support services across the region for men and women who are poor, chemically dependent, mentally ill, or recently released from correctional facilities. In its analysis, the plan identifies trends among new cases of HIV/AIDS that signal emerging issues for the AIDS housing service system. In particular, the plan found that the system is ill prepared to serve clients with chemical dependency, mental illness, and histories of incarceration. In addition, a disproportionate number of women, people of color, and people living in poverty are affected by HIV/AIDS. These demographic trends are resulting in service gaps along the housing continuum of care, and require additional resources to address them. The plan's consumer survey and other local surveys provide crucial guidance in designing services appropriate to meet clients' needs.

Expand services in areas of high need to combat geographic disparities that persist in the availability of AIDS housing services. The most dramatic increases in numbers of new AIDS housing units since 1995 have taken place on the south and west sides of Chicago and in DuPage, Lake, and Will counties, where no AIDS-specific housing services existed previously. However, geographic disparities among certain types of housing services still exist.

Make an ongoing commitment to community planning and assessment to inform the

use of scarce AIDS housing resources. Service providers and other stakeholders identified a lack of ongoing planning across the AIDS housing service system. They recommend that coordination of AIDS housing services across funding streams be increased to avoid limiting potential innovations and efficiencies in the provision of client services. Cross-collaboration between services funded by the Housing Opportunities for People with AIDS (HOPWA), the Ryan White CARE Act, and other sources was specifically identified as crucial to maximize available AIDS housing resources. Increased collaboration between AIDS service providers and correctional health, public aid, and substance abuse treatment providers was also identified as a pressing need.

#### RECOMMENDATIONS FOR POLICYMAKERS

The plan calls on federal, state, and local lawmakers to expand government support for AIDS housing services. In particular, the plan calls for increased funding for: State and federal short-term rental assistance programs designed to promote housing stability by assisting individuals to meet a short-term financial crisis, such as unmet healthcare, utility, housing-related costs, or temporary job displacement; Federal transitional housing services for those who have been recently released from correctional institutions, hospitals, and treatment facilities; Long-term subsidized permanent housing with off-site supportive services for those capable of living independently, but on fixed incomes; Local, state, and federal programs designed to stimulate development of affordable housing and auxiliary support services.

#### HOW TO ACCESS AND USE THE PLAN

AFC and members of its Housing Committee will use the plan to advocate for increased public and private spending on housing services and expanded community involvement in the planning and organization of AIDS housing services. AFC and Housing Committee members will pursue strategies to implement each of the plan's recommendations and will carefully monitor and assess progress meeting these goals.

The plan is a rich resource of information for service providers, policymakers, and service planners about the need for and availability of AIDS housing services. Extensive feedback from HIV-positive people on service needs and preferences provides an especially important perspective for AIDS service providers. The plan is an excellent resource for policymakers and students about the continuum of housing services established to respond to the needs of people with HIV/AIDS.

The plan is available for download at AFC's website: [www.aidschicago.org](http://www.aidschicago.org). Sections of the plan are also available separately. To receive a printed version of the plan, contact AFC Housing Manager Norma Samame at 312-922-2322 ext. 504 or at [nsamame@aidschicago.org](mailto:nsamame@aidschicago.org).

#### ABOUT THE AIDS FOUNDATION OF CHICAGO

Established in 1985 to provide central leadership in the fight against the epidemic, the AIDS Foundation of Chicago promotes sound HIV/AIDS public policy, funds HIV/AIDS prevention and care projects, and, through its 135-member Service Providers Council, helps to coordinate the delivery of essential HIV/AIDS services.

## SENSE OF CONGRESS THAT MEN AND WOMEN OF UNITED STATES POSTAL SERVICE HAVE DONE AN OUTSTANDING JOB OF DELIVERING THE MAIL DURING THIS TIME OF NATIONAL EMERGENCY

SPEECH OF

**HON. CHARLES B. RANGEL**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, November 13, 2001*

Mr. RANGEL. Mr. Speaker, I rise today in support of H. Con. Res. 257 and to honor the outstanding service provided by the men and women of the United States Postal Service since the terrorist attacks of September 11. I wish to express special appreciation for all postal workers and their dedication to the mission of the Postal Service during this time of national crisis. Even as our homeland was besieged by terrorist attacks and devastating tragedy the United States mail service continued.

United States Postal Service workers are the unsung heroes of this nation. Come rain, snow, sleet, and now the threat of anthrax exposure our mail continues to be delivered with minimal interruption. Two postal workers have given their lives, four workers have contracted inhalation anthrax, and another three have contracted cutaneous anthrax and still our U.S. mail delivery continues. Who would have ever thought that these conscientious postal workers who were committed to doing their jobs would be front line warriors in this war against terrorism?

It is our duty in the Congress to ensure the safety and well being of these courageous and patriotic postal workers, just as we ensure the safety and well being of other federal employees.

As a nation we must salute the fine work of our postal workers and not take for granted their commitment to the mission of our United States Postal Service.

## NORTHERN BORDER SECURITY

**HON. JOHN ELIAS BALDACCI**

OF MAINE

IN THE HOUSE OF REPRESENTATIVES

*Friday, November 16, 2001*

Mr. BALDACCI. Mr. Speaker, today I join a number of my colleagues in urging President Bush to address the severe shortage of inspectors along the Northern Border. This shortage is detrimental to individuals and businesses that operate across the border, and leaves our nation vulnerable to terrorist attacks.

The Northern Border is currently not secure. There are too many understaffed and unmanned points of entry to maintain security. While there are 128 points of entry along the Northern Border, only 64 are staffed 24 hours a day. When unmanned, many are "secured" simply by placing cones or signs in the road. That is hardly an adequate deterrent.

Although the Northern Border accounts for a little more than 40 percent of the points of entry into the United States, only 14 percent of